

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4677AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/10/2008
NAME OF PROVIDER OR SUPPLIER DESERT BREEZE CARE SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1872 HASIB COURT LAS VEGAS, NV 89156		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 10/10/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 5 total beds.</p> <p>The facility had the following category of classified beds: Category 2 - 5 beds</p> <p>The facility had the following endorsements: Residential facility which provides care to elderly and/or disabled persons, and/or persons with chronic illnesses.</p> <p>The census at the time of the survey was 2. Two resident files were reviewed and 3 employee files were reviewed.</p> <p>There were no complaint(s) investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000	<p><i>Acceptable Rof</i> <i>11/10/09 [Signature]</i></p>	
Y 103	449.200(1)(d) Personnel File - NAC 441A	Y 103	<p>RECEIVED JAN 12 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
[Signature]

TITLE
OWNER

(X6) DATE
01/12/09

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Y 103	<p>Continued From page 1</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. (NRS 441A.120 <http://www.leg.state.nv.us/NRS/NRS-441A.html>)</p> <p>1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 <http://www.leg.state.nv.us/NAC/NAC-441A.html>.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of</p>	Y 103	<p>TAG Y103</p> <p>a) Annual TB screening for employee #2 on 10/10/08. Employee #3's annual TB screening was done on 10/10/08 after knowing it does not require a physician to complete the form.</p> <p>b) All employees file will be reviewed every 6 months to ensure updated PPD documentation & annual TB screening. Personal records check list will be used to ensure renewal dates are updated. the administrator will monitor for compliance. pls. see attachment #1</p> <p>c) 10/10/08</p>	

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Y 103	Continued From page 2 subsection 1 of NAC 441A.200 < http://www.leg.state.nv.us/NAC/NAC-441A.html >. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. É If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 < http://www.leg.state.nv.us/NAC/NAC-441A.html >. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.	Y 103		

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Y 103	<p>Continued From page 3</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200 <http://www.leg.state.nv.us/NAC/NAC-441A.html>.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>(Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006)</p> <p>Based on record review the facility failed to ensure 2 of 3 employees had the required tuberculosis (TB) documentation.</p> <p>Findings include:</p> <p>1. Employee #2 was hired on 8-01-05 The employee file lacked documented evidence of an annual TB symptom surveillance form for 2008.</p> <p>2. Employee #3 was hired on 10-07-06 The employee file lacked documented evidence of an annual TB symptom surveillance form for</p>	Y 103		

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Y 103	Continued From page 4 2008. Employee #2 revealed the employees were searching for a physician or clinic to provide TB symptom surveillance at a low cost. Severity: 2 Scope: 3	Y 103		
Y 152	449.204(2) Insurance-BLC endorsement NAC 449.204 2. A certificate of insurance must be furnished to the Division as evidence that the contract required by subsection 1 is in force and a license must not be issued until that certificate is furnished. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the bureau before the effective date of a cancellation or nonrenewal of the policy. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the certificate of liability insurance included an endorsement to the Bureau of Licensure and Certification (BLC) . Findings include: Certificate of Liability Insurance policy did not have the BLC listed to notify in the event the policy was cancelled or not renewed. Employee #2 revealed she was not aware the insurance policy required an endorsement to BLC.	Y 152	<p>TAG Y152</p> <p>a) Liability insurance has been established since 11/06.</p> <p>b) A copy of liability insurance obtained from Lloyd's of London on 12/08. PLS. see attachment #7</p> <p>c) 12/08.</p>	

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Y 152	Continued From page 5 Severity: 1 Scope: 1	Y 152		
Y 273	449.2175(4) Service of Food - Special Diets NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure a special diet be provided for a resident as prescribed by a physician for 1 of 2 residents (Resident #2). Findings include: 1. Resident #2 was admitted to the facility on 6/6/08. The admission physical dated 5/29/08 indicated a physician's order for a 1800 calorie diabetic diet. 1. Employee #2 indicated Resident #2 was not being served the 1800 calorie diet as ordered by her physician. Employee #2 revealed due to Resident #2 diagnosis of organic anxiety syndrome and brief depressive reaction in addition to Diabetes Mellitus II, the daughter wished for her mother to eat what she wanted. Severity: 2 Scope: 1	Y 273	<p>TAG 0273</p> <p>a.) Due to resident #2's poor appetite and diagnosis of anxiety and depression, resident was allowed by following MD and POA to eat what she wanted. Consent was only given verbally. On 10/13/08 MD notified and obtained diet for resident #2 for Diet as tolerated.</p> <p>b.) Administrator to monitor orders and notify MD for any changes to order and condition. PLS. see attachment #2.</p> <p>c) 10/13/08</p>	

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Y 435	Continued From page 6	Y 435	TAG Y435 a) Fire extinguisher checked and tagged on 11/05/08 b) Ace fire system is contracted to check and tag fire extinguisher annually. Administrator to monitor for compliance. As per attachment # 3 c) 11/05/08	
Y 435	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure 1 of 1 facility fire extinguishers was inspected annually. Findings include: During the survey, it was observed the 1 facility fire extinguisher was last inspected on 10-05-07. Severity: 2 Scope: 3	Y 435		
Y 450	449.231(1) First Aid and CPR NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.	Y 450		

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Y 450	Continued From page 7 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 2 employees had evidence of current training in first aid (Employee #2). Findings include: Employee #2 was hired on 8/1/05. The file lacked documented evidence of First Aid Training. The morning of the survey Employee #2 revealed she had not been aware that she needed an additional course in First Aid. Severity: 2 Scope: 3	Y 450	<i>YAG Y 450</i> <i>a) First aid training attended on 12/10/08 by employee #2 with @ Perfect nursing.</i> <i>b) Administrator to monitor for compliance by checking employee files every 6 months by using attachment # 1. PLS see attachment # 1 for a copy of 1st aid training for employee # 2</i> <i>c) 12/10/08</i>	
Y 878	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878		

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Y 878	Continued From page 8 This Regulation is not met as evidenced by: Based on record review the facility failed to ensure the medication prescribed by a physician was administered as prescribed for 1 of 2 residents. Findings Include: Resident #2 was admitted to the facility on 6/6/08. The resident had an order for Deplin Vitamin tab to be taken daily. The October medication administration record (MAR) showed Deplin had not been given in 2 days. There was no medication available to provide. Employee #2 revealed the residents daughter refills the residents medication. The daughter was made aware on 10/08/08 the Deplin Vitamin tablet needed to be refilled. Severity: 2 Scope: 1	Y 878	TAG Y878 a.) Daughter who fills the medication for resident #2, when there is only 1 week of supply left. Follow up phone call made on 10/10/08 and daughter brought medication to group home on 10/11/08 b.) Administrator and caregivers will continue to communicate with family member who will refill the residents medication and if medication are not available MD will be notified on the third day the dose is missed. c.) 10/11/08	
Y 881	449.2742(6)(b) Medication / change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.	Y 881		

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Y 881	Continued From page 9 This Regulation is not met as evidenced by: Based on review of the medication administration record (MAR), the facility failed to indicate on a container of medication a medication dose had been changed for 1 of 2 residents (Resident #2). Findings include: 1. Resident #2 was admitted to the facility on 6-6-08. The August 2008, Sept 2008 and October 2008 MAR indicated the resident began receiving Fluoxetine 40 milligrams(mg) daily. The pharmacy label on the prescription bottle documented 20mg of Fluoxetine was to be administered daily. A physician's order dated 8/14/08 indicated the medication was changed to 40mg daily. A notation had not been made on the prescription bottle indicating this change. Severity: 1 Scope: 1	Y 881	TAG Y881 a.) Daughter of Resident #2 wanted us to finish the old RX medication of 20mg: just give 2 caps. Daughter made aware that we need the new prescription bottle to prevent errors and for our records. Daughter understand and brought the current ordered bottles on 10/11/08. b.) Administrator to follow up medication and discard old prescriptions bottles when there is a new order. Administrator will continue to enforce and educate family members regarding medication inventories and for compliance. c) 10/11/08	
Y 898	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 898		

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Y 898	Continued From page 10 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the medication administration record (MAR) was accurate for 1 of 2 residents (Resident #2). Findings include Resident #2 was admitted to the facility on 6/6/08. Megace 40milligram/milliliter, give 20milliliter (ml) daily was ordered by the physician on 07-03-08. The September 2008 and October 2008 MAR documented Megace 40mg by mouth daily. Interview Employee #3 showed the medication cup used to give Megace to Resident #2. The Employee identified the 20ml line on the plastic cup. Severity: 2 Scope: 1		Y 898	TAB 898 a) Medication order for megace rewritten in MAR on 10/10/08 for resident #2 b) Administrator to compare orders from prescriptions to MAR to prevent errors. Medication review every month will be done to compare orders from prescription to MAR. Attachment #5 will be used. c) 10/10/08	
Y 936	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.		Y 936		

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Y 936	Continued From page 11 This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.	Y 936	<p><i>TAG Y936</i></p> <p><i>a) Records of TB Test with 2 step PPD obtained from previous facility where resident #1 was admitted from on 10/14/08</i></p> <p><i>b) A resident file contents is created for chart check on admission as a reminder of forms and documents needed to admit and retain a resident. Administrator to monitor for compliance. PLS see Attachment # 6.</i></p> <p><i>c) 10/14/08</i></p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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If continuation sheet 12 of 15

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LAS VEGAS, NEVADA

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4677AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/10/2008
NAME OF PROVIDER OR SUPPLIER DESERT BREEZE CARE SERVICES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1872 HASIB COURT LAS VEGAS, NV 89156		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
Y 936	Continued From page 12 (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does	Y 936			

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Y 936	Continued From page 13 not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the	Y 936		

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Y 936	<p>Continued From page 14</p> <p>person's medical record.</p> <p>Based on record review, the facility failed to ensure 1 of 2 residents had the required tuberculin screening (Resident #1).</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility from another facility on 4/10/08. The resident had a Chest X-Ray on 04-02-08 with negative results. There was no documented evidence of a positive tuberculin screening test.</p> <p>Employee #2 indicated she was thought the chest x-ray was good for 1 year. She did not know the resident required a tuberculin skin test after admission to the facility.</p> <p>Severity: 2 Scope: 3</p>	Y 936		

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